

TIMEKEEPER'S SIGNATURE CARD

TIMEKEEPER NUMBER(S)		MAILING ADDRESS	
COMMON ACCOUNTING NUMBER(S)		TELEPHONE:	
<p>I certify:</p> <ul style="list-style-type: none">I have reviewed the "Guide For Timekeepers."I have worked exercises in "Users Instructions and Exercises."		<p>I certify:</p> <ul style="list-style-type: none">The timekeeper was given time to review the Guide and work the Exercises.The timekeeper's on-the-job performance is reviewed regularly.The timekeeper is proficient in timekeeping duties.	
TIMEKEEPER'S NAME (Print)		SUPERVISOR'S NAME (Print)	
TIMEKEEPER'S SIGNATURE		DATE	
DATE		DATE	
HHS-420 (3-81)			

PRIVACY ACT STATEMENT
FOR TIMEKEEPER'S SIGNATURE CARD

In accordance with the Privacy Act of 1974 (P.L. 93-579), you are advised that Title 5 USC 550 et. seq. authorizes the Department of Health and Human Services to collect the information requested on this form.

Principal Use

The information you disclose will be used by the Division of Pay Services and Payroll Accounting to determine if the correct signature appears on official payroll documents you submit.

Routine Uses

The information you supply may also be used:

- To refer to the appropriate investigatory or law enforcement agency (Federal, State, or local) where there is a suspected or potential violation of law.
- By the Department of Justice for Freedom of Information Consultations.
- By unions recognized under Executive Order 11491 when required under a union contract.
- By the public when the Department exercises a discretionary release under Freedom of Information regulations.